

Loneliness After the Pandemic

During our societal recalibration following the pandemic era, I have keenly observed the lingering specter of loneliness across diverse demographics in my interactions with our members. Empirical investigations underscore the grave ramifications of social isolation on one's longevity. A study featured in the Journal of the American Medical Association (JAMA) illuminates a correlation between social isolation and heightened susceptibility to cardiovascular ailments among older adults. Particularly striking is the revelation that women exhibiting elevated scores in both social isolation and loneliness face a disconcerting 13.0% to 27.0% surge in the incidence of cardiovascular disease compared to their counterparts reporting lower levels of social isolation and loneliness.

Additionally, contemporary research underscores a paradoxical reality wherein millennials, despite their hyperconnected digital milieu, report heightened feelings of isolation in contrast to the preceding Baby Boomer generation. This phenomenon is intricately intertwined with the pervasive utilization of social media platforms and online interfaces, which paradoxically engender sentiments of loneliness and despondency reported by millennials.

One strategy that is a key factor, is the approach to wellness focusing on health and mental wellbeing. Sense of coherence (SOC) is defined as an individual's capacity to navigate stressors inherent in daily existence while maintaining equilibrium and improving their health. Sense of coherence has three components. The first is an individual's ability to understand their environment as ordered, consistent, and structured. Second, the confident expectation that internal and external resources are at one's disposal to meet their needs. Available resources may be under their own control, whereas others, such as professional support or the support of friends, may be available from other people. The third aspect refers to meaningfulness: the consideration of many aspects of their life as important and worthy of emotional commitment, engagement, and investment. Therefore, sense of coherence does not refer to a particular style of coping. Rather, it is imperative to underscore that SOC transcends a singular coping style, encompassing a versatile repertoire of adaptive strategies tailored to specific contexts. Earlier research has examined sense of coherence as a major factor in protecting individuals' mental health.

Another key factor needed is hopeful thinking, this enables individuals to set and achieve goals. Hope theory emphasizes that it is a constant, structured, goal-oriented cognitive set. According to this premise, hopeful thinking incorporates two interrelated patterns of thinking: agentic thinking and pathways thinking. The first addresses the driving force in defining and achieving one's goals, whereas the latter is focused on planning the paths to success and considering alternatives to possible barriers to achieving it. Hope serves as a potent resilience factor, facilitating coping mechanisms in the face of stressors and fostering psychological well-being.

Within this construct, as a personal strength, SOC may enable people to understand and make sense of the world around them. Thus, when faced with a crisis, those who could rely on their sense of coherence were less paralyzed by stress. They were better able to deal with the adversity and be more resistant to loneliness. They were also able to continue the move towards maintaining and improving their mental health.

The results also indicated that hope moderated the links between the pandemic periods and sense of coherence and those between the pandemic periods and loneliness. Therefore, those individuals whose SOC reflected the impact of the distress were able to benefit from medium and high levels of hopeful thinking. They were able to activate their SOC and thus minimize their feelings of loneliness in the face of adversity. This finding further establishes the importance of hope as a fundamental personal activating strength that enables people to have a vision of the future even in the face of a challenging, immobilizing present. It is the basis of the ability to cope with, adjust to, and endure challenging times.

Concomitant Use of Selective Serotonin Reuptake Inhibitors With Oral Anticoagulants and Risk of Major Bleeding

Is there an association between concomitant use of selective serotonin reuptake inhibitors (SSRIs) and oral anticoagulants (OACs) and the risk of major bleeding among patients with atrial fibrillation compared with OAC use alone?

In this nested case-control study comprising 42190 cases with major bleeding matched to 1156641 controls, concomitant SSRI and OAC use was associated with a 33% increased risk of major bleeding compared with OAC use alone; this risk was highest in the first few months of concomitant use and was substantially lower after 6 months. This study suggests that concomitant use of SSRIs and OACs may be a risk factor for bleeding and should be closely monitored, particularly within the initial months of treatment.

References:

1. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788582?resultClick=3>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10218178/>
3. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2816687#:~:text=Importance%20Selective%20serotonin%20reuptake%20inhibitors,has%20not%20been%20well%20characterized.>

REFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

Integrated (Title 19/21 SMI), ACC, DD, ALTCS and DCS CHP

<https://www.mercycareaz.org/providers/pharmacy.html>

Behavioral Health (Non-Title 19/21)

<https://www.mercycareaz.org/providers/pharmacy.html>

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Denise Volkov (VolkovD@mercycareaz.org) or Trennette Gilbert (gilbert@mercycareaz.org)